

**FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
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8						
9						
10						
11	1					
12						
13		1				
14		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	20					
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

BEST AVAILABLE COPY